

Mississippi Corporate Income and Franchise Tax Return 2004

WCA

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For Fiscal Year Beginning ____/____/____ and Ending ▶

FEIN ▶

Name of Corporation

Mailing Address (PO Box or Street Including Rural Route)

City

State

County Code

(See Instructions)

Filing Status Check All That Apply: ☐ Final Return ☐ Short Year Return ☐ Address Change
Check One: ☐ 100% Mississippi ☐ Multistate Direct Accounting ☐ Multistate Apportioning

IRS Business Activity Code Number

Franchise and Income Tax

1. Taxable Capital (From Form 83-110, Line 18)
2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25.
3. If this corporation is included in a Mississippi Combined Income Tax Return, enter **Name** and **FEIN** of the **Reporting** corporation below:

1. **1** ▶

2.

3. **5** ▶

FEIN: -

Name

Round All Amounts to the Nearest Dollar

4. Mississippi Net Taxable Income (If Loss enter Zero.)
(From Form 83-122, Line 19 or Form 83-310, Column C, Line 3)
5. Total Income Tax (See Instructions)
- 6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A or Form 83-310, Column B, Line 3a)
- 6b. Other Credits (From Form 83-401. Enter Credit Code and amount.)

4. **6** ▶

5.

6a. **22** ▶

6b.

7. Balance of Income Tax Due. (Line 5 Minus Line 6a and Line 6b)
8. Total Franchise and Income Tax Due. (Line 2 Plus Line 7)
9. Interest and Penalty on Underestimated Income Tax Payments.
(Attach Form 83-305)
10. Total of Lines 8 and 9.

7.

8.

9. **26** ▶

10.

11. Overpayments from Prior Year.
12. Estimated Tax Payments and Payment with Extension.
13. Total Payments (Line 11 plus Line 12)
14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13).
15. **Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month**
(See Instructions)
16. **Amount Paid with this Return.** (Line 14 plus Line 15)
Make Payable to: **State Tax Commission.**
17. If Line 13 is Larger than Line 10, Enter Amount of
18. **Amount of Overpayment (Line 17) to be Refunded.**
19. **Amount of Overpayment (Line 17) to be Credited to Next Year.**

11.

12.

13.

14.

15. **29** ▶16. **31** ▶

17.

18. **33** ▶19. **34** ▶This return may be discussed with the preparer: ☐ Yes ☐ No

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Officer Signature and Title

Date

Tax Department Phone

Paid Preparer Signature

Date

Paid Preparer Address

Paid Firm Identification Number

Paid Preparer Social Security Number or PTIN

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Preparer Phone

